LAND USE APPLICATION



FOR OFFICE USE ONLY: City of Madison Receipt # 046901-0005 Paid #600 **Planning Division** 126 S. Hamilton St. Date received P.O. Box 2985 Madison, WI 53701-2985 Received by (608) 266-4635 709-181-0307-2 Parcel # -Clear Aldermanic district Zoning district All Land Use Applications must be filed with the Zoning Office at the above address. (1), Nonconforming one, Special requirements rout, =/oodpla This completed form is required for all Review required by applications for Plan Commission review except □ UDC PC subdivisions or land divisions, which should be filed using the Subdivision Application found on Other Common Council the City's web site. Reviewed By 1. Project Information Address: Title: 2. This is an application for (check all that apply) Zoning Map Amendment (rezoning) from ___ to ☐ Major Amendment to an Approved Planned Development-General Development Plan (PD-GDP) Zoning Major Amendment to an Approved Planned Development-Specific Implementation Plan (PD-SIP) ☐ Review of Alteration to Planned Development (PD) (by Plan Commission) Conditional Use or Major Alteration to an Approved Conditional Use \mathbf{Z}' **Demolition Permit** Other requests 3. Applicant, Agent and Property Owner Information Mark& Nancy Fucinato Company Owner & Propert **Applicant name** dubon Rd city/state/Zip Riverside, Il Street address Email mfucinato@amail.com Telephone Design Coalition Architects Company Project contact person City/State/Zip Madison Street address Email roger @ design coalition, ora Telephone Property owner (if not applicant) City/State/Zip ____ Street address

Email

Telephone

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of applicant ////////////////////////////////////	_ Relationship to property	owners
Authorizing signature of property owner		
Authorizing signature of property owner	Date	
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